

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	RF	42193	10-2-99
O.I.P.E. CLASSIFIER	12		11-12
FORMALITY REVIEW	AD	7047	11-15-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-12-99
2	✓	✓	8-14-99
3	✓	✓	5-7-99
4		✓	
5	✓	✓	
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
12	✓		
13	0		
14	0		
15	✓		
16	✓		
17	✓	✓	
18	✓		
19	✓	✓	
20	0		
21	✓	✓	✓
22	✓	✓	
23	✓	✓	
24	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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ISSUE SLIP AVAILABLE COPY  
If more than 150 claims or 10 actions  
staple additional sheet here